

INSTRUCTIONS FOR COMPLETING THE 180-DAY EXCEPTION REQUEST DETAIL PAGE AND ATTACHMENT

- Item 1 Enter the provider's name.
- Item 2 Enter the thirteen digit MA ID Number assigned to the provider.
- Item 3 Enter the beneficiary's name.
- Item 4 For inpatient services, enter the date the beneficiary was discharged, transferred, etc.
For outpatient services, enter the date of service.
- Item 5 If the exception request is based on a county assistance office (CAO) delay in eligibility determination, enter the date the application was mailed to the CAO. Documentation of the mailing date must be provided. This documentation may be in the form of a dated transmittal, cover letter, etc., to the CAO.
- Item 6 If applicable, enter the process date of the PA 162 Notice of Eligibility form. A copy of the PA 162 form must be submitted as documentation with the request for an exception.
- Item 7 If the exception request is based on a third party resource delay, enter the date the payment request was mailed to the third party. Documentation of the mailing date must be provided. This documentation may be in the form of a dated transmittal, cover letter, etc., to the third party.
- Item 8 Enter the process date of the third party statement/explanation of benefits (EOB). A copy of the third party statement/EOB must be submitted as documentation with the request for an exception.
- Item 9 If applicable, enter the date the Prior Authorization (PSR/DRG/CHR) was processed by the department. A copy of the notification letter must be submitted with the request for an exception.
- Item 10 If applicable, enter the date the Program Exception (or Benefit Limit Exception) was processed by the department. A copy of the notification letter must be submitted with the request for exception.
- Item 11 If your claim was previously submitted to the MA Program, enter the date the MA invoice was mailed to the Department of Human Services.
- Item 12 Place a check mark (✓) in the block that describes why an exception is being requested.
- Item 13 The person responsible for requesting the 180-day exception must sign and date the form.
- Item 14 Enter the telephone number of the person whose signature appears in Item 13.

180-Day Exception Request Detail Page

1. PROVIDER'S NAME:

2. PROVIDER IDENTIFICATION NUMBER AND SERVICE LOCATION:

_____ - _____

3. BENEFICIARY'S NAME:

4. DISCHARGE DATE/INPATIENT:

OR

DATE OF SERVICE/OUTPATIENT:

_____/_____/_____

_____/_____/_____

5. DATE APPLICATION MAILED TO THE CAO:

6. PROCESS DATE OF PA 162:

_____/_____/_____

_____/_____/_____

7. DATE PAYMENT REQUEST WAS MAILED TO
THIRD PARTY:

8. PROCESS DATE OF THIRD PARTY STATEMENT/EOB:

_____/_____/_____

_____/_____/_____

9. PRIOR AUTHORIZATION NOTIFICATION DATE:

10. PROGRAM EXCEPTION NOTIFICATION DATE:

_____/_____/_____

_____/_____/_____

11. DATE BILLING WAS MAILED TO MA:

_____/_____/_____

12. 180-DAY EXCEPTION REQUEST DUE TO:

Delay in processing the PA 162 by the CAO

Delay in processing the third party statement

Delay in Prior Authorization Approval

Delay in Program Exception approval

13. SIGNATURE AND DATE:

14. TELEPHONE NUMBER:

(_____) _____ - _____